Operation Golden Flow and Beyond: A Short History of the U.S. Navy Drug Screening Program

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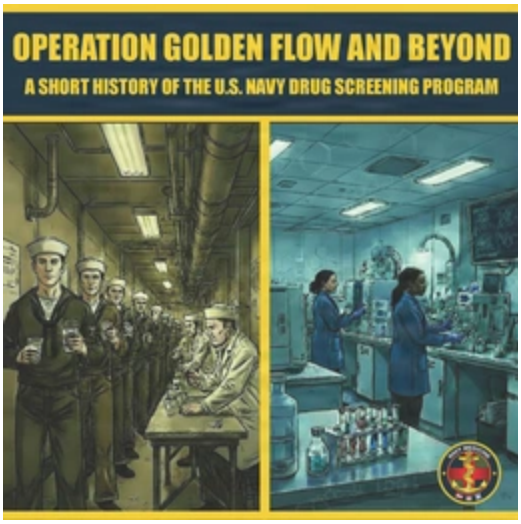

For today's Sailors the summons from their command's urinalysis coordinator is as routine as morning colors: *"The following personnel have been selected by the Navy Drug Screening Program to provide a sample...."*

While Benjamin Franklin famously limited life's certainties to "death and taxes," those in the Navy know better. To that list one must add the physical readiness test and the random urinalysis examination, the latter overseen by the Navy's two drug screening laboratories.

The Navy Drug Screening Laboratories (NDSLs) in Great Lakes, Illinois, and Jacksonville, Florida, serve as sentries of operational readiness and ground zero for the urinalysis surveillance program. And while the use of urine as a diagnostic tool pre-dates Hippocrates, its application as a deterrent against illicit drug use was a 20th century necessity. The program was officially codified in 1971. Its catalyst: the perception of drug abuse in the ranks during the Vietnam War.

By the early 1970s, the widespread prevalence of marijuana, LSD, and high-grade heroin among service members had shifted from a disciplinary headache to a fundamental threat to mission integrity. One report found that between 30,000 and 40,000 servicemen (around 15 percent of those deployed) in Vietnam had drug addictions. Troublingly, the studies indicated the problem was not exclusive to any one service.

A Sailor serving aboard the barracks ship USS Benewah (APB 35) moored on the Mekong Delta reported that 70 percent of the crew were "stoned on grass or hashish or heroin." A Navy medical officer assigned to the Subic Bay Naval Base reported that hundreds of his Sailors were addicted to a "coffee-colored heroin they thought to be [a] nonaddictive opium." The newspapers were full of scandalous headlines like Naval Academy midshipmen being "dismissed" for using drugs, and even a Navy change of command ceremony being interrupted by a drug bust. In 1970 alone more than 6,000 Sailors and 1,000 Marines were discharged for illegal drug activity.

Across the services the response was two-fold—rehabilitation services for those with drug addictions and drug screening to deter future use.

Drug Rehabilitation:

On July 15, 1971, Adm. Elmo Zumwalt, Chief of Naval Operations, announced a 30-day amnesty program for service members who voluntarily disclosed their drug use and agreed to go through a rehabilitation program at the Miramar Air Station in San Diego, California. Completion of the program would prevent Sailors from incurring a dishonorable discharge.

The rehabilitation center was founded in June 1971 by Capt. Alfred "Hap" Chandler, Jr., a seasoned aviator, head of the TOPGUN school, and the son of a former Navy Dental Corps Chief. Operating as a line command, the center was staffed by a coalition of line officers, physicians, psychologists, chaplains, and social workers, who worked alongside civilian counselors and former addicts to provide a holistic recovery environment.

The program addressed addiction through psychological screening and rehabilitative programs. Among the first patients admitted were a group of Sailors who became addicted to heroin while on deployments to Vietnam. Over the first six years, the center treated over 6,000 enlisted personnel and officers and it became the blueprint for a second rehabilitation center established at the Naval Air Station in Jacksonville, Florida.

Birth of Drug Screening:

The second prong response to the drug problem was the implementation of a comprehensive screening program. In June 1971—a first salvo in his war on drugs— President Richard Nixon mandated drug testing across the then-named Department of Defense (DOD). This resulted in a drug screening program that was described as the "biggest boom in the history of urinalysis," and more colloquially in the press as "Operation Golden Flow."

In June 1971, the Navy established its first drug screening laboratory. Located at the Naval Hospital San Diego, California, this facility was followed over the next nine months by four additional laboratories based at naval hospitals in Great Lakes, Illinois, Jacksonville, Florida, Oakland, California, and Portsmouth, Virginia. Each of these labs were equipped to process 5,000 urine samples each week; and collectively they managed an estimated 1.3 million samples per year. The laboratories were identically manned and equipped and followed standardized screening procedures.

On Jan. 11, 1972, the DOD issued the first guidance on drug testing (DODI 1010.1, effective July 1, 1972). All active-duty personnel were to be tested annually on a random basis, upon initial entry to active duty, upon return from Vietnam or Thailand, and upon first enlistment. Those identified as "high risk" or going through the rehabilitation program were to be tested at more frequent intervals. The guidance was expanded in April 1974. Also that year, an Army service member was court-martialed after refusing to give a urine sample. This case went to the Court of Military Appeals which upheld the military's right to order service personnel to give urine specimens, but barred use of urinalysis for punitive actions or administrative separations. In wake of this ruling, the Bureau of Medicine and Surgery (BUMED) released its first guidance on the "drug abuse urinalysis program" (BUMEDINST 5355.1, April 22, 1975). The instruction stated that although the test could be legally required, the results "may not be used as evidence of a violation of the Uniform Code of Military Justice, nor may test results lead to administrative separation under conditions other than honorable." It also outlined that the testing applied to all active-duty military personnel "25 and under" and for those over the age of 25 at the discretion of their commanding officer. Drug testing was primarily viewed as a means of getting Sailors into rehabilitation programs.

The year 1981 marked a legal watershed for Navy drug testing, spurred by a high-profile tragedy that occurred on a carrier flight deck.

On the night of May 26, 1981, an EA-6B Prowler crashed during a night landing aboard the aircraft carrier USS Nimitz (CVN 68), killing 14 and injuring 45 others. A Naval Inquiry revealed that several of the fallen enlisted crewmen had cannabis in their systems, while the pilot had been operating under the influence of a non-prescription antihistamine. In the wake of the Nimitz disaster, President Ronald Reagan issued a "Zero Tolerance"directive across the Armed Forces putting an onus on service personnel. Adm. Thomas Hayward, the Chief of Naval Operations, announced expanded drug testing and the use of drug detection dogs. And in December 1981, Secretary of Defense Frank Carlucci authorized a "service-wide use of punitive action, including court-martial and separation from service, based on positive drug test results."

The new policy—coupled with advances in detection technology—had a significant impact on reducing drug use. Between 1980 and 1982, the Navy saw a37% reduction in drug use among junior enlisted personnel (E-1 to E-5). Specifically, marijuana use dropped from 47% to 17% in that two-year period.

In January 1984, the Navy issued SECNAVINST 5300.28A, which mandated "comprehensive random urinalysis programs" across the service, further necessitating the drug screening laboratories. The five hospital-based drug screening laboratories established in 1971 were subsequently elevated to separate shore commands on June 8, 1984, and reported to their respective regional commands.

Historically, the laboratories were held to an extremely high standard in the Navy for ensuring all drug testing results were “accurate, timely and defensible in courts.” In 1986, the Navy’s drug screening program was even described as the “largest and best in the nation.”

With the Navy’s release of OPNAV 5350.4B (“Alcohol and Drug Abuse Prevention and Control”) in September 1990, all naval commands were required to test no more than 20% of their personnel on a monthly basis. In November 2010, the screening laboratories expanded the number of drugs it tested for from 12 to 21 including widely abused prescription drugs and emerging threats like synthetic cannabinoids (Spice). And in 2019, the program expanded to include manufactured opiate drugs like Fentanyl and Norfentanyl.

In the decades following their inception, the Navy’s drug screening laboratories underwent a period of rigorous evolution and consolidation. Through successive rounds of Base Realignment and Closure (BRAC), the footprint of the program was streamlined; the closing of facilities in Portsmouth, Oakland and, eventually San Diego in 2017, funneled the Navy's forensic expertise (and workload) into two primary laboratories.

Today, the NDSLs in Great Lakes and Jacksonville stand as the twin pillars of the Navy’s drug testing program. Operating under the Navy and Marine Corps Force Health Protection Command (NMCFHPC) in Portsmouth, Virginia, these facilities represent 40% of the Department of War’s (DoW) total screening capacity. And as two of only five existing DoW screening laboratories, they serve as a joint-service bulwark against substance abuse—deterring illicit use not only for Sailors and Marines but for Soldiers and Airmen as well. The sheer scale of this operation is staggering—in Calendar Year 2025, the Jacksonville and Great Lakes laboratories processed over 2.1 million samples equating to fifty percent of all DoW samples. This relentless tempo ensures that the "certainty" of the random urinalysis remains a potent deterrent, safeguarding the health, safety, and combat readiness of the entire Armed Forces.

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